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Country note**

Eritrea

Summary

The Executive Director presents the country note for Eritrea for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Since ratification of the Convention on the Rights of the Child in 1994 and the Convention on the Elimination of All Forms of Discrimination against Women in 1995, the greatest threats to the realization of the rights of children and women in Eritrea, which achieved independence in 1993, have been the dual emergencies of drought and war. The resultant humanitarian crisis compounded the environmental and structural problems of poverty and low human capacity, and reversed the tremendous social and economic progress made during the first five years of independence. The escalation of conflict during 2000 in particular destroyed livelihoods, and economic and social infrastructures, and displaced over one third of Eritrea's population. In addition to the 400,000 drought-affected persons and 75,000 deportees from Ethiopia, these emergencies have affected about one half of the national population of 3.3 million, mostly children (70 per cent) and women (25 per cent). Landmines make resettlement hazardous. Psychosocial effects on children and women caused by forced separation, witnessing of atrocities, and sexual and other

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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forms of abuse, perpetrated by the occupying forces, further impinged on their rights. With the cessation of hostilities on 18 June 2000, the resumption of peace talks and the deployment of United Nations peace-keepers, there are possibilities for a lasting peace — a necessary condition for renewed social and economic growth.

2. The HIV/AIDS epidemic is an additional silent emergency. Although the HIV prevalence rate is estimated officially at 2 per cent for both the general population and women attending antenatal clinics, it is widely thought that this is an underestimation. In 1999, the Ministry of Health reported 5,787 cumulative cases of AIDS and a total of 50,000-60,000 cases of HIV, with a doubling time of 18 months. Despite being a high Government priority, the challenge to arrest and reverse the epidemic requires continued high-level commitment, and breaking the silence and associated stigma at all levels.

3. Although proxy indicators show some progress in child survival, the 1995 Demographic and Health Survey (DHS) estimated the infant mortality rate at 70 per 1,000 live births and the under-five mortality at 130 per 1,000 live births, due mainly to malaria, pneumonia and diarrhoea, compounded by malnutrition. The rates of stunting, under weight and wasting at 38, 44 and 16 per cent, respectively, are among the highest in Africa. At about 1,000 per 100,000 live births, Eritrea has one of the highest maternal mortality ratios in the world. Risk factors include high levels of maternal malnutrition (41 per cent); a high proportion of home deliveries without trained assistants; the limited availability of emergency obstetric care and referral transport; ignorance among women and their families about when to seek care; high levels of female genital mutilation (FGM); and frequent and early pregnancies. The second DHS planned for early 2001 will update the situation.

4. Despite progress in the delivery of basic services, challenges remain with regard to access, utilization and geographical and gender disparities, especially for remote rural areas and for women. Nationally, 70 per cent of the population live within 10 kilometres of a health unit, and only 40 per cent for antenatal care. In education, gross enrolment stands at 57 per cent, but net enrolment at 37 per cent. The distance to school, high levels of poverty, early marriage and emergencies are key factors keeping girls out of school. At 70 per cent, adult illiteracy is among the highest in Africa. There are no programmes to support the estimated two thirds of school-aged children out of school. On average, women have to walk more than one hour to fetch water and 10 kilometres to fetch fuel wood. Nationally, access to safe water is 16 per cent and, in rural areas, only 8 per cent. Access to safe sanitary facilities is 13 per cent nationally and less than 1 per cent in rural areas — the lowest in Africa. About 60 per cent of schools have no access to safe water and sanitary facilities, another barrier to education, especially for girls.

5. Issues of protection are of major concern. Of the estimated 80,000 orphans, 51,000 are in critical need of support; and 7,000 children have disabilities, of whom only 2 per cent receive rehabilitation support. There are also 3,000 street children and working children, and more than 4,000 commercial sex workers, many of them children. The psychosocial effects of the recent war have not been quantified, but are reflected in the increased involvement of children in commercial sex and increased petty crime.

Lessons learned from past cooperation

6. The 1996-2000 programme of cooperation was the first full-length country programme. Although there was a high level of commitment, integrity and efficiency in the civil service, significant shortages in human resources and the limited absorptive capacity made it difficult to undertake major initiatives. The situation was exacerbated during the recent war when a large proportion of the public and private sector labour force was called for national service. This suggests a need to extend capacity development efforts to lower levels of the system, with a focus at the community level, and to expand partnerships and diversify channels of service delivery.

7. Due to the gradual arrival of new donors, in particular the World Bank, in the areas of early childhood care and HIV/AIDS, there is a need for UNICEF to focus its approach to conform more closely to its comparative advantage in social mobilization, community capacity development (CCD), support for a rights-based approach to programming, advocacy for child-friendly policies, and the mobilization of partners and resources for the realization of child rights.

8. The mid-term review (MTR) adjusted the initial programme goals, which were ambitious, and called for setting more realistic goals and focusing activities to avoid overextension and maximize potential impact. It also called for setting benchmarks to facilitate the measurement of progress towards achievement of the objectives. In this respect, the programme should work more closely with national-level statistical organizations to ensure the availability of reliable data for this purpose as well as for planning, programming and advocacy.

9. To avoid fragmentation and maximize the impact of UNICEF support, the MTR called for a more focused and holistic approach to programming for child rights. This is consistent with the current trend in Eritrea towards increasing the integration of social sector interventions and with growing Government and UNICEF support for strategies and programmes that develop community capacity and result in measurable social and economic outcomes.

10. The MTR identified other key issues that need to be addressed to ensure sustained progress. These include a focus on improved access to water and sanitation; support for basic education, including early childhood development (ECD); mortality reduction; and social mobilization for long-term behavioural change, child protection and HIV/AIDS prevention.

11. The national workshop to develop an accelerated response to the HIV/AIDS epidemic from a rights perspective identified the following key areas that need to be addressed: the involvement of youth; the prevention of mother-to-child transmission; silence; and stigma, particularly for AIDS orphans.

12. Due to the chronic emergency situation in Eritrea, it is imperative that UNICEF continue the process of mainstreaming emergency, and further develop capacity for emergency preparedness and systematic response, both in the office and in the respective programmes.

Proposed country programme strategy

13. Based on the Government's integrated social sector strategy and the recommendations of the United Nations Common Country Assessment, CCD has been adopted as the overarching strategy for the next programme. The Government, other United Nations agencies, development partners and non-governmental organizations participated in developing the strategy. The aim is to support the realization of children's and women's rights, including poverty reduction through CCD and participation to ensure community empowerment and sustainability of solutions. This strategy requires the elaboration of specific national-, regional- and community-level activities and is complemented by a communication strategy that enhances the policy environment, contributes to positive behaviour change and mobilizes resources for communities. Emergency, gender and HIV/AIDS issues are addressed in each component programme. The programme focuses on areas of the comparative advantage of UNICEF and builds partnerships and networks for child rights.

14. The overall goal is to contribute to Eritrea's national goals for the survival, development, participation and protection of children and women, including addressing the HIV/AIDS epidemic. The programme will also contribute to government efforts to reduce poverty and establish an environment in which peace, tolerance and tranquillity exist, and the rights of children and women are fully understood and realized. The main objectives are: (a) to progressively develop, refine and implement nationwide a system of CCD for the realization of the rights of children and women; (b) to improve health, nutrition and educational outcomes for children; (c) to equip adolescents and youth with the necessary information and life skills to prevent the transmission of HIV and to ensure that they have access to services and opportunities to achieve and maintain optimal capacities, health and well-being to participate in and contribute to society; and (d) to support meeting the needs and realizing the rights of children in need of special protection.

15. To achieve these objectives, interventions will focus on strategic moments in the life cycle, starting from ECD, basic education and adolescence. National-level activities will consist of: (a) the provision of system supplies such as vaccines, textbooks, etc.; (b) policy analysis and development; (c) development of the capacity of actors and systems for facilitation, quality assurance, monitoring and evaluation; and (d) coordination and resource mobilization. Regional- and community-level activities will be based on village action plans to be developed by the communities themselves after being supported to prepare a situation analysis. The regional and subregional levels will act as the main link between the community and national authorities. The country programme will consist of the six programmes described below.

16. The **ECD** programme will focus on maternal and child health, nutrition and parenting education. The programme will seek to ensure that children have a good start to life with the necessary care for their survival and physical health and that they are mentally alert and emotionally secure, socially competent and able to learn.

17. The **basic education** programme will focus on educational access and quality issues and will seek to provide children, particularly girls, with the knowledge, skills and facilitating environment to develop to their full potential and allow them to articulate and claim their rights. Priorities will include providing improved access

to education; mobilizing for the increased enrolment and retention of girls; improving quality through support to curricula and management systems and the creation of child-friendly learning environments; and strengthening of parent-teacher associations to facilitate greater community ownership.

18. Priorities for the **water, environmental sanitation and hygiene** programme will include support for community-managed water systems and social mobilization and advocacy for improved knowledge, attitudes and practices regarding water, sanitation and hygiene. Community mobilization will be undertaken using the PHAST (Participatory Hygiene and Sanitation Transformation) approach.

19. Priorities for the **child protection** programme will include further support for the reunification of orphans, support to increase the economic capacity of host families, and the identification and provision of services to children in need of special protection. Emphasis will be placed on deepening family and community knowledge, and strengthening awareness and response to these children, including support for implementation of the legal aspects of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

20. The **communication for child rights** programme will focus on the prevention of HIV/AIDS and FGM, as well as landmine awareness. It will also seek to: increase awareness and change behaviours in areas of critical importance for achieving the overall programme objectives, with community-level social mobilization and national campaigns as appropriate; prepare communication materials, information bulletins and press releases; and ensure the wide dissemination of the two Conventions to create commitment of duty-bearers and raise resources for the fulfilment of child rights.

21. The **planning and monitoring and evaluation for child rights** programme will seek to improve capacities at all levels for the generation and utilization of child-related data for planning, programming, monitoring and evaluation. It will also support the integration of emergency preparedness and response into the country programme, initiate the CCD process, and support operational research to ensure that lessons learned in programme implementation are captured and utilized to improve programme effectiveness.

22. Elements of HIV/AIDS and cross-cutting issues in the country programme, such as emergency preparedness and response and monitoring and evaluation, will be integrated into each of the above programmes. Task forces will be established for each of the cross-cutting issues, with the guidance of focal points in the relevant programme, under the overall coordination of the programme coordinator.

Estimated programme budget

Estimated programme of cooperation, 2002-2006*

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Early childhood development	675	7 500	8 175
Basic education	675	6 000	6 675
Water, environmental sanitation and hygiene	675	6 900	7 575
Child protection	450	5 000	5 450
Communication for child rights	450	2 600	3 050
Planning and monitoring and evaluation for child rights	958	-	958
Cross-sectoral costs	2 400	-	2 400
Total	**6 283**	**28 000**	**34 283**

* These are indicative figures only which are subject to change once aggregate financial data are finalized.